

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035021

STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2365

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's</b>		Length of stay in lb <b>6 wks</b>	d. STREET (If outside, give location) ADDRESS <b>963 Goodfellow Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Kathryn Quinn</b>			4. DATE OF DEATH Month Day Year <b>Sept. 11, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 15, 1883</b>
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days <b>1 26</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Private Secy.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stix Baer &amp; Fuller</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Gavigan</b>	
13b. MOTHER'S MAIDEN NAME <b>May Ann Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Harry A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unk.</b>	
17. INFORMANT <b>Harry Quinn</b>		1419N. Address <b>Emerson Ave. Indianapolis, Ind.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mitral Stenosis. Pyelonephritis. Ronal infarction</b> <b>Congestive heart failure. Rheumatic heart. Uremia.</b> DUE TO (b) <b>Cardio-vascular Disease. Arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>410X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>July 30/58</b> <b>Sept. 11</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>7/30/58</b> to <b>9/11/58</b> and last saw her/him alive on <b>Sept. 11/58</b> Death occurred at <b>6:50 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James P. [Signature]</i>		22b. ADDRESS <b>634 North Grand, St. Louis, Mo.</b>	22c. DATE SIGNED <b>9/12/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9/15/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Chas. F. Stuart</b> ADDRESS <b>1225 Union</b>		25. DATE RECD. BY LOCAL REG. <b>9-12-58</b>	26. REGISTRAR'S SIGNATURE <i>Herbert R. [Signature]</i>

All diseases in Part I must be causally related.

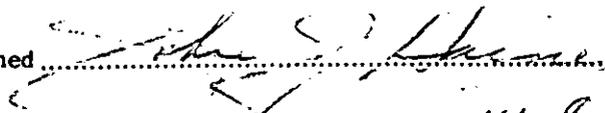
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4108 .....

P. O. Address  .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.